PLAINTIFF'S THIRD SUPPLEMENTAL IDENTIFICATION OF EXPERT WITNESSES...-1 (Plaintiff's 3rd supp Identification of Expert Witnesses.wpd)

Filed 03/12/2007

1	RICHARD C. EYMANN	
2	Eymann Allison Hunter Jones, P.S. 2208 West Second Avenue	
3	Spokane, WA 99201-5417 (509) 747-0101	
4	STEPHEN L. NORDSTROM	
5	Nordstrom & Nees, P.S. 323 S. Pines Road	
6	Spokane, WA 99206 (509) 924-9800	
7	Attorneys for Plaintiff	
8	UNITED STATES DISTRI	ICT COURT FOR THE
9	EASTERN DISTRICT	OF WASHINGTON
10	THOMAS A. WAITE,	No. CV-05-399-EFS
11	Plaintiff,	PLAINTIFF'S THIRD
12	VS.	SUPPLEMENTAL IDENTIFICATION OF EXPERT
13	THE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS d/b/a	WITNESSES AND DISCLOSURE OF EXPERTS' PRELIMINARY
14	CORPORATION OF THE PRESIDING BISHOP OF THE CHURCH OF JESUS	REPORTS
15	CHRIST OF LATTER DAY SAINTS, a Utah corporation, d/b/a	
16	CORPORATION OF THE PRESIDENT OF THE CHURCH OF JESUS CHRIST	
17	OF LATTER DAY SAINTS, a Utah	
18	corporation; DONALD C. FOSSUM; and STEVEN D. BRODHEAD,	
19	Defendants.	
20	Plaintiff, by and through his undersi	gned attorneys, hereby supplements his
21	original and first supplemental expert witne	
22		
23	1. Anthony J. Choppa, M.Ed., C Vocational Rehabilitation Cour	.R.C.
- 1	OSC Vocational Systems, Inc. 10132 NE 185 <sup>th</sup>	
24	Bothell, WA 98011	
25		
26	F	CYMANN ALLISON HUNTER JONES P.S.

2208 WEST SECOND AVENUE SPOKANE, WA 99201-5417 TELEPHONE: (509) 747-0101 • FAX: (509) 458-5977

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Mr. Choppa's Revised February 2007 Life Care Plan is attached as Exhibit "A."

Plaintiff reserves the right to further supplement his disclosures as discovery is ongoing.

DATED this 6th day of March, 2007.

EYMANN ALLISON HUNTER JONES, P.S.

BY s/ Richard C. Eymann
RICHARD C. EYMANN, WSBA #7470
Co-counsel for Plaintiff

NORDSTROM & NEES, P.S.

BY <u>Telephonically approved 3/6/07</u> STEPHEN L. NORDSTROM, WSBA #11267 Co-counsel for Plaintiff

EYMANN ALLISON HUNTER JONES P.S.

PLAINTIFF'S THIRD SUPPLEMENTAL

IDENTIFICATION OF EXPERT WITNESSES...-2 (Plaintiff's 3rd supp Identification of Expert Witnesses.wpd)

1	CERTIFICATE OF SERVICE
2	I, RICHARD C. EYMANN, hereby certify that on the 6th day of March, 2007,
3	I electronically filed the foregoing with the Clerk of the Court using the CM/ECF
4	System which will send notification of such filing to the following participants:
5	Brian T. Rekofke
6	Witherspoon Kelley Davenport & Toole 1100 U.S. Bank Building 422 W. Riverside Avenue
7 8	Spokane, WA 99201
9	Andrew C. Smythe Paine Hamblen Coffin Brooke & Miller 717 W. Sprague Avenue, Suite 1200
10	717 W. Sprague Avenue, Suite 1200 Spokane, WA 99201
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12	s/Richard C. Eymann RICHARD C. EYMANN
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27	EYMANN ALLISON HUNTER JONES P.S.

PLAINTIFF'S THIRD SUPPLEMENTAL
IDENTIFICATION OF EXPERT WITNESSES...-3
(Plaintiff's 3rd supp Identification of Expert Witnesses.wpd)

2208 WEST SECOND AVENUE SPOKANE, WA 99201-5417 TELEPHONE: (509) 747-0101 • FAX: (509) 458-5977

## Exhibit "A"



February 27, 2007

William Burkhardt, Ph.D. 10704 Meridian Ave. N., Suite 104 Seattle, WA 98133-9010

Re: Thomas Waite

DOI: 08/21/03

Dear Dr. Burkhardt:

I have had the opportunity to review your neuropsychological report dated November 15, 2006. The following revisions have been added to Mr. Waite's Care Plan based on your recommendations on page 15, paragraph 7. You recommend Mr. Waite be followed by a psychiatrist monthly for medication management, and then less frequently as long as a rehabilitation psychologist or neuropsychologist is involved with ongoing psychotherapy and medication monitoring, and more comprehensive neuropsychological monitoring and reevaluation. Further, you recommend he have access to a cognitive remediation therapist (preferably a speech language therapist who understands brain injury related executive skill deficits and who is geared toward practical or functional compensatory strategies). This therapy should be available for 3 - 6 sessions every 3 - 5 years coinciding with for example change in jobs and/or changing circumstances with regard to relationships or living arrangements.

Upon your review, please provide your concurrence and/or comments as to whether the following updates are appropriate and reflect your recommendations for Mr. Waite.

Please feel free to contact me if you have any questions or require additional information.

	The	rehabilitation	recommendations	contained	in	the	Care	Plan	are	necessary	and
approp	riate	for Thomas Wa	aite.							are consur y	44274

William	Burkhart,	Ph.D.

Comments:

#### √ Main Office (Bothell) • 10132 N.E. 185<sup>th</sup> Bothell, WA 98011 • (425) 486-4040 Fax: (425) 486-8701

Mt. Vernon Office • 1419 E. College Way Mt. Vernon, WA 98273 • (360) 424-6239 Fax: (360) 428-4161

Olympia Office • 2101 4th Ave Suite 101 Olympia, WA 98506 • (360) 352-5078 Fax: (360) 352-5417

#### 

☐ Burien Office • 601 SW 152<sup>nd</sup> St Burien, WA 98166• (206) 243-1300 Fax: (206) 243-0366

Kingston Office 
 26127 Calvary Lane Suite 300
 Kingston, WA 98346 
 (360) 297-0531
 Fax: (360) 297-0532

#### Date

- □ Bellingham Office 114 W. Magnolia St., #303
   □ Bellingham, WA 98225 (360) 734-9163
   □ Fax: (360) 738-9524

  - Spokane Office 1814 N. Normandie Spokane, WA 99205 • (509) 325-7766 Fax: (509) 325-7666

Thomas Waite February 27, 2007 Page 2

Please return the signature page with your signature via facsimile at 425-486-8701 or in the enclosed self-addressed, stamped envelope. Thank you for your assistance.

Very truly yours,

Anthony J. Choppa, M.Ed., C.R.C., C.C.M. Rehabilitation Counselor/Case Manager

Encl.: Care Plan SASE

cc: Richard Eymann

Thomas Waite c/o Richard Eymann

Susan Skinner, M.D.

#### **CARE PLAN**

**FOR** 

#### **THOMAS WAITE**

#### CURRENT AGE TO LIFE EXPECTANCY

**REVISED FEBRUARY 2007** 

Anthony J. Choppa, M.Ed., C.R.C., C.C.M. OSC Vocational Systems, Inc. 10132 NE 185<sup>th</sup> St. Bothell, WA 98011

### TABLE OF CONTENTS

PROJECTED EVALUATIONS	1
PROJECTED THERAPEUTIC MODALITIES	2
DIAGNOSTICS	3,
MEDICATIONS	4
HOME CARE/RESIDENTIAL CARE	5
EDUCATIONAL/VOCATIONAL NEEDS	6

VOCATIONAL SYSTEMS, INC.

CARE PLAN
NAME: THOMAS WAITE

Case	2:0	5-cv-00399-FFS	Document 74 Filed 03/12	/2007
	BASE	\$144.00 - \$202.00 per visit	\$1,750.00 per evaluation	\$150.00 per session
	REPLACEMENT RATE	Office visit in approximately 6 months, then average yearly	Average every 3 – 5 years	Monthly
	AGE/INITIATED AGE/SUSPENDED	Current Age to Life Expectancy	Current Age to Life Expectancy	Current Age for 1 year TIONS
and and a second	PROVIDER	Susan Skinner, M.D. or local provider	William Burkhart, Ph.D.	Local Psychiatrist Curre PROJECTED EVALUATIONS
TOCATIA	FURFUSE	Monitor neurological sequelae including cognitive deficits and seizure status.  Management of pharmacologic intervention.	Ongoing monitoring of cognitive and emotional status, provide recommendations to address treatment options and/or appropriate accommodations with regard to educational/vocational pursuits and other challenges.	Medication management.
Marti	LEM	Neurological Evaluation, Monitoring and Treatment	Neuropsychological Re-evaluations	Psychiatric Monitoring



CARE PLAN NAME: THOMAS WAITE

9	Case 2:0	5-cv-00399-FFS Docu	ment 74 Filed 03/12/2007	
II.	BASE	\$135.00 - \$150.00 per session	\$60.00 - \$120.00 per session	5
	REPLACEMENT RATE	Average 2 times per week for 18 months  Then 1 time per week for 3 – 5  years  Then 6 – 12 times per year to Life Expectancy	3 – 6 sessions every 3 – 5 years	
	AGE/INITIATED AGE/SUSPENDED	Current Age to Life Expectancy	Current Age to Life Expectancy	MODALITIES
	PROVIDER	Barry Moss, Ph.D., Lauren Schwartz, Ph.D., or local pròvider	Rancho Los Amigos, Newport Language & Speech Center, or local provider	PROJECTED THERAPEUTIC MODALITIES
	PURPOSE	Address cognitive behavioral intervention for symptoms of depression and anxiety, and assist with attention, concentration and ability to focus.  (and medication monitoring?)	Periodic consultation with a Speech Language Pathologist to assist Thomas with maintaining and updating his compensatory strategies during major life changes including job and relationship changes. Communication and coordination with Psychotherapist.	PROJ
	ITEM	Psychotherapy (Individual)	Cognitive Remediation Evaluation, Monitoring and Treatment	

ase 2:05-cv-00399-EFS Document 74 Filed

VOCATIONAL SYSTEMS, INC.

# CARE PLAN NAME: THOMAS WAITE

se	2:05-	CV-	00	399	J-E				Do	cui T	me	nt	74	T		·Ile	ed (	)3/	12	/20	07	T		
The second secon	BASE	\$121.00 each				\$71.00 each	•	a a		\$49.00 each				\$47.00 each			21.	\$15.00 each						The second secon
Street, and the street, and th	REPLACEMENT RATE	In approximately 6	months, then	average 1 time per	year	In approximately 6	months, then	average 1 time per	year	In approximately 6	months, then	average 1 time per	year	In approximately 6	months, then	average 1 time per	year	In approximately 6	months, then	average 1 time per	year			
	AGE/INITIATED AGE/SUSPENDED	Current Age to	Life Expectancy	*		Current Age to	Life Expectancy			Current Age to	Life Expectancy			Current Age to	Life Expectancy			Current Age to	Life Expectancy				36	The State of the State of the same of the
	PROVIDER	Lakeview Medical	Offices, Anaheim,	CA, or local	provider	Lakeview Medical	Offices, Anaheim,	CA, or local	provider	Lakeview Medical	Offices, Anaheim,	CA, or local	provider	Lakeview Medical	Offices, Anaheim,	CA, or local	provider	Lakeview Medical	Offices, Anaheim,	CA, or local	provider		DIAGNOSTICS	
	PURPOSE	Monitor therapeutic	medication levels and health	status.		Monitor for general health	status.			Monitor liver function.	4			Monitor liver function.				Blood draw						
	ITEM	Dilantin Level				Complete Blood Count	(CBC)			Alanine	Aminotransferase	(ALT)		Aspartate	Aminotransferase	(ASI)		Venipuncture						

CARE PLAN NAME: THOMAS WAITE

٩	se 2:05	-cv-00399-EF	S Docum	ent /4
	BASE	\$48.00	Pending	741
ē.	REPLACEMENT RATE	Monthly	Monthly	
	AGE/INITIATED AGE/SUSPENDED	Current Age to Life Expectancy	Current Age to Life Expectancy	
	PROVIDER .	Walgreens or local pharmacy	Walgreens or local pharmacy	MEDICATIONS <sup>1</sup>
	PURPOSE	Manage and reduce risk of seizures.	Manage depression.	
The state of the s	ITEM	Dilantin* (400 mg) night	Celexa	

Reflects current use. Physician may choose to alter or change medication over time. Dr. Burkhart recommends antidepressant medication such as Celexa be included.



CARE PLAN NAME: THOMAS WAITE

<u>ر</u>	ase Z:u	5-cv-00399-EFS	Docur	nent 74	Filed <u>03/</u> 1	12/200
	BASE	\$115.00 - \$165.00 per hour	9			
	REPLACEMENT RATE	Average 1 time per month (2 – 3 hours) for the first year upon completion of school	Then 1 time per quarter (2 – 3 hours) for life			
	AGE/INITIATED AGE/SUSPENDED	Current Age to Life Expectancy		-	***	IAL CARE
	PROVIDER	Local Certified Rehabilitation Counselor or Certified Case Manager			,	HOME CARE/RESIDENTIAL CARE
	PURPOSE	Coordinate medical and rehabilitation providers, identify appropriate providers, and access resources to assure cost effectiveness, quality of services and crisis intervention		e.	<b>8</b>	HÖME
	ITEM	Case Management				

\* Services currently being provided by mother.

CARE PLAN
NAME: THOMAS WAITE

se 2:05	-cv-00399-EFS	Document 74 Fi	led 03
BASE	\$60.00 per hour	\$130.00 - \$165.00 per hour	
REPLACEMENT RATE	Weekly (1 – 2 hours) (Professional intervention above and beyond peer tutoring)	Minimum 1 – 2 times (15 – 20 hours each)	
AGE/INITIATED AGE/SUSPENDED	Current Age for 2 – 3 years	Current Age to Life Expectancy	NAL NEEDS
PROVIDER	Fullerton College or local provider	Local Certified Rehabilitation Counselor	EDUCATIONAL/VOCATIONAL NEEDS
PURPOSE	Specific one-on-one assistance with study skills due to continued memory and organizational impairment.	Provide informational input for curriculum planning and transition from school to post schoolwork. Provide and determine vocational skills, information regarding interests, time management, self-regulation on the job, and appropriate behavior.	EDUCAT
ITEM	Tutoring	Functional Vocational Assessment/Counseling	